

INSTRUCTIONS FOR COMPLETING APPLICATION FORM FOR NON-PRICING ADULT CARE CENTER

Completion of HS-1964C Application Form

The HS-1964C application form is to be completed by a center in which meals are part of the tuition payments for adult care. Please follow the instructions below to properly complete this form and include it with your application package:

1. Sections 1 through 4 are self-explanatory.
2. In Section 5, enter the name, mailing address and date of birth of your center's Executive Director and Chairperson of the Board of Directors. Proprietary centers without governing boards and state colleges and universities are **not** required to submit information for the Board Chairperson.
3. In Section 6, identify the type of participation for center. It may participate as an independent center, sponsored affiliated center or sponsored unaffiliated center. If only one licensed child or adult care facility is to participate, center may participate as an independent center. Center may also participate as a sponsored affiliated center if it is legally affiliated with an agency that is sponsoring its participation in the CACFP. In addition, center may participate as a sponsored unaffiliated center if it is **not** legally affiliated with sponsoring agency.
4. Identify in Section 7 the center's type of eligibility to participate in the CACFP. The center may participate as a private non-profit center, a public center which is legally affiliated with a unit of local, state or federal government, a church sponsored center, or a proprietary (for profit) center.
5. To complete Section 8, please attach a copy of letter from the Internal Revenue Service which identifies the center's federal income tax exemption, if center is to participate in the CACFP as a private non-profit entity.
6. To complete Section 9, please attach a letter from the Chairman of the Governing Board or Pastor which authorizes this application, if center is to participate in the CACFP as a church affiliated center. In addition, please attach a copy of the state sales tax exemption letter which was issued to the church by the Tennessee Department of Revenue.
7. To complete Section 10, please attach a copy of minutes of the Board meeting in which this CACFP application was approved, if center is to participate in the CACFP as a private non-profit or public center with a governing Board of Directors. State colleges and universities are exempt from this requirement.
8. To complete Section 11, please attach a photocopy of adult care license.
9. If the center is to participate as an independent center in the CACFP, please indicate in Section 12 if the total federal funds received by the center through the

State of Tennessee and expended during the center's prior fiscal year, **and** the total federal funds received by the center directly from the federal government and expended during the center's prior fiscal year exceeded \$500,000.

If the total federal funds exceeded \$500,000, the center is required to have an audit to participate in the CACFP.

10. For Section 13, please complete the attached budget only if center is to participate as an independent center. To complete the budget, perform the following:
 - a. Enter the estimated meal payments to be received for the program year;
 - b. Enter the estimated expenditures for the program year;
 - c. Complete the personnel salary schedule by entering the requested data for each position to be charged to the CACFP; and
 - d. Complete the travel budget if any in-state travel is to be charged to the CACFP.

Please note that if your center will charge salaries or wages to the CACFP, you must have a Written Compensation Policy, and must use Time and Attendance and Time Distribution Reports to establish and support the salaries or wages to be charged as CACFP labor costs.

The budget will be reviewed to determine if adequate personnel are available to administer the program. For any positions that will perform CACFP responsibilities and that are not included in the budget, please attach information that provides the names of the employees, position titles, duties and funding sources.

11. To complete Section 14, answer the questions concerning the enrolled adults' participation in other programs administered by the center.
12. For Section 15, provide the requested information on the adult care activities of the center.
13. To complete Section 16, enter the number of participants by eligibility category (free, reduced-price and paid), if a renewing center. For all centers (both new and renewing), enter the total number of current enrolled participants.
14. For Section 17, provide the number of potential eligible children in your center's service area by the ethnic/racial categories identified. Sources for this information may include census data or public school enrollment data.

The ethnic category of Hispanic or Latino is defined as follows:

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

The racial categories are defined as follows:

American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

15. Sections 18A through 19 are self-explanatory.
16. To complete Section 20, please identify the method(s) by which your meals will be provided. Please note that if any meals are purchased from a food service management company or private company you must attach a copy of executed contract between center and private company for the program year.
17. For Section 21, enter the beginning time and ending time for each meal service, and projected number of meals to be served each day by type of meal.
18. If center is to participate as a “sponsored affiliated center”, do not enter any data for Sections 22 through 27. Please read the “Certification Statement” at the end of the application and sign and date the form.

If center is to participate as an “independent center” or “sponsored unaffiliated center”, please complete Sections 22 through 27, as appropriate, and read the “Certification Statement” at the end of the application and sign and date the form.
19. To complete Section 22, identify the names of the local news media, minority or other grassroots organizations that will receive a news release concerning your center’s participation in the CACFP. A sample public release is attached. Each center is required under federal regulations to announce its participation in the CACFP. Please note that your center is **not** required to have the news releases published in newspapers as a legal notice. The public releases are to include the

income eligibility guidelines for free and reduced-price meals and must be sent to the local news media, minority or other grassroots organizations in your center's service area.

20. Complete Section 23 only if your center is a private non-profit or public entity with a governing Board of Directors. State colleges and universities are not required to complete this section.
21. To complete Section 24, enter the name, title and signature of each employee to sign claims for meal reimbursements.
22. To complete Section 25, identify your center's anticipated dates of in-house training for employees performing CACFP duties. At least one training session for these employees must be conducted for the program year beginning October 1 and ending September 30.
23. To complete Section 26, enter the name and address of any bookkeeping or CPA firm that will perform accounting work for the center.
24. To complete Section 27, attach to your application one of the documents identified. If a financial statement is to be used to document your center's financial viability, please ensure that the statement is contained on your center's official stationery, and is signed and dated by an authorized representative. This section is to be completed only if your center is a non-governmental independent center which will directly contract with the Tennessee Department of Human Services.
25. In Section 28, please complete, sign and date the attached Sample Form to Document Required Management Controls and return it with your application. This section is to be completed only if your center is a non-governmental independent center which will directly contract with the Tennessee Department of Human Services.
26. In Section 29, answer each question for center's Civil Rights' compliance. If center has previously received a Civil Rights' complaint, please attach additional information on the action that has been taken to address the complaint and on the current status of the complaint.
27. Carefully read the "Certification Statement". If there is any portion of the statement which is not fully understood, contact DHS staff at (615) 313-4749.
28. As part of the "Certification Statement" enter the name and title of the employees to review participant income eligibility applications and make determinations of participant eligibility for free and reduced-price meal reimbursements. Also, enter the names of the publicly funded programs that your center has participated in during the last seven years.

29. Enter the name and title and signature and date of signature of your center's board chairperson or authorized representative, or if privately owned, enter the name, signature and date of signature of the owner or corporate representative who has management responsibility for the center.
30. Retain one (1) copy for center's files and return the other completed copy to the Department.

Meal Payments

The CACFP provides payments for meals which meet required meal patterns and which are served to participating children. The payments are based on rates established annually by the U.S. Department of Agriculture. The meal payment rates for adult care centers are based on the eligibility of participating adults and on the type of meals served. The eligibility of participating adults is divided into three categories: free, reduced-price and paid. The highest meal payments are provided for adults who are placed in the free eligibility category. The lowest meal payments are provided for adults who are placed in the paid category. To determine the eligibility category of each participating adult, an income eligibility application must be completed by the enrolled adult or other authorized person. Each completed application must then be reviewed by an official of the center who determines whether the application should be approved for free, reduced-price or paid meal payments. If an application is not completed by an enrolled adult or other authorized person, or the application does not meet the requirements for the free and reduced-price eligibility categories, the application must be placed in the paid category.

Sample Income Eligibility Application for Free and Reduced-Price Meals

A sample income eligibility application form is attached for your use. If you wish to use another form, you must submit it for DHS approval. Please note that a current and complete application must be on file for each eligible participant receiving free or reduced-price meal benefits. No application is required for adults who are placed in the paid category. An application is current if the signature date of the enrolled adult or other authorized person is no older than one year. An application is complete if it contains:

1. Full name of enrolled participant;
2. The names of all household members;
3. The Social Security number of either the parent or guardian who is the primary wage earner or the adult household member who signs the application. No other Social Security number must be included on the application. If the adult does not have a Social Security number print "None" next to their name.
4. The total household income by source; and
5. The signature and date of signature of the enrolled adult or other authorized person.

Income Eligibility Guidelines

To determine if an adult is eligible for the free or reduced-price meal payment rate, the attached income eligibility guidelines must be used. Two (2) versions of the income guidelines are attached. The copy with only the reduced-price income guidelines is to be attached to the adult/guardian household letter. The copy with both the reduced-price and the free income guidelines is to be attached to the public release discussed below, and is to be used in determining a participant's free or reduced-price meal eligibility.

If a household currently receives Food Stamps or Supplemental Security Income (SSI), for an enrolled adult, the adult will be categorically eligible for the free meal payment rate, providing the following occurs:

1. The Food Stamp or, SSI case number is listed on each application; and
2. The printed name and dated signature of the adult participant or other authorized person are listed on the application.

Sample Adult/Guardian Household Letter

A sample letter which may be used to send out the income eligibility application and reduced-price income guidelines is attached. If you wish to use another letter, you must submit it for DHS approval.

Public Release

Subject to federal regulations, each center must announce its participation in the CACFP. You will find attached a form which is to be used for this purpose. Please note that your center is **not** required to have the public release published in newspapers as a legal notice. To complete the public release, complete the following:

1. Fill in the name of the center and list the names of the facilities which will be participating in the program; and
2. Provide copies of the public release and the free and reduced-price income guidelines to the news media, and minority or grassroots organizations serving the area from which you draw attendance.

Required Menus for New Centers

If the center is entering the CACFP for the first time, a one week sample menu must be submitted to DHS for review and approval. Sample menu forms are attached for your use or you may submit your own menus for DHS approval. If the center is now participating in the program and will be submitting renewal application, you do not have to submit menus for DHS approval.

Choice of Meal Payment Method for New Centers

Meal payments may be provided through two methods. The most used method is claiming percentages. Under the claiming percentages method of reimbursement, a center reports, in part, the numbers of each type of meal served during a month and the numbers of adults in the free, reduced-price and paid eligibility categories. The computer software program of the DHS then provides reimbursement payments based on the percentage of adults in each eligibility category multiplied by the federal rates of reimbursement multiplied by the number of meals. Under the claiming percentages method of reimbursement there is less record-keeping requirements in that a center does not have to record the number of meals served separately to the free, reduced-price and paid adults.

Under the actual count method of meal reimbursement, a center must record the meals served separately to the free, reduced-price and paid adults. This method of reimbursement is used by less than 1% of the centers currently participating in the program. DHS will use the claiming percentages method for your center unless otherwise advised.

Mailing Address for Application

Please return one (1) original of your application package to the following address:

Tennessee Department of Human Services
CACFP Unit
Citizens Plaza Building
400 Deaderick Street
Nashville, Tennessee 37248-9500

Pre-Operational Visit by DHS Personnel

If your center will participate in the CACFP for the first time or after an absence of six months or more, a DHS representative will contact your center to arrange for a pre-operational visit. This visit may be conducted at your center or at an off-site location. The visit will occur prior to the submission of a claim for reimbursement, and will provide training and technical assistance for meal requirements and record-keeping responsibilities.